PATIENT & CAREGIVER EDUCATION

About Your Bilateral Salpingo-Oophorectomy

This guide will help you get ready for your bilateral salpingo-oophorectomy (sal-PIN-goh-oh-oh-foh-REK-toh-mee) at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your healthcare team

Doctor: ___________________________________________________________

Nurse: ___________________________________________________________

Phone number: ___________________________________________________

Fax number: ______________________________________________________

Emergency information

At night (from 5:00 PM to 9:00 AM), on weekends, and on holidays, call 212-639-2000 and ask for your surgeon.

MSK’s Urgent Care Center (UCC) is located at 425 East 67th Street (between First and York Avenues), New York, NY 10065.

Your caregiver

It’s important to choose a person to be your caregiver. They’ll learn about your surgery with you and help you care for yourself while you’re recovering after surgery. Write down your caregiver’s name below.

Caregiver: _______________________________________________________

To view this guide online, visit www.mskcc.org/pe/bilateral_salpingo_oophorectomy
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About Your Surgery

About your reproductive system

Your reproductive system is in your lower abdomen (belly). It includes your:

- Ovaries
- Fallopian tubes
- Uterus
- Cervix
- Vagina

Your uterus is between your bladder and rectum. The lower narrow end of your uterus is called the cervix. Your fallopian tubes and ovaries are attached to your uterus.

![Female Reproductive System Diagram](image)

Figure 1. The female reproductive system

About your bilateral salpingo-oophorectomy

A bilateral salpingo-oophorectomy is a surgery to remove both of your fallopian tubes and both of your ovaries. You may be having this surgery because of an ovarian cyst or a high risk of ovarian cancer. Your healthcare provider will talk with you about why you’re having it.

After your surgery, you’ll stop menstruating (getting your period). You may have normal symptoms of menopause, including night sweats, hot flashes, and vaginal dryness. If you’re in menopause or have already gone through it, you may still notice some of these symptoms. Talk with your healthcare provider about ways to manage them.

You’ll also be infertile (unable to have biological children) after your surgery. If you’d like to have biological children in the future, ask your healthcare provider for a referral to a fertility nurse specialist. For more information, read the resource *Fertility*
Preservation: Options for Women Who Are Starting Cancer Treatment. You can find it online at www.mskcc.org/pe/fertility_women_starting_treatment or ask your healthcare provider for a copy.

The surgery you’re having is called a:

- Laparoscopic bilateral salpingo-oophorectomy
- Robotic-assisted laparoscopic bilateral salpingo-oophorectomy
- Dilation and curettage

Laparoscopic or robotic-assisted laparoscopic bilateral salpingo-oophorectomy

You’ll have either a laparoscopic salpingo-oophorectomy or a robotic-assisted laparoscopic salpingo-oophorectomy.

In both types of salpingo-oophorectomies, your surgeon will make a small incision (surgical cut) on your abdomen. Gas (carbon dioxide) will be pumped into your abdomen to create space. This will give your surgeon more room to do your surgery.

Next, your surgeon will make several other small incisions on your abdomen. They’ll place a long, thin video camera and surgical tools through these incisions. One end will be in your abdomen and the other end will be outside your body.

If you’re having a laparoscopic surgery, your healthcare provider will use their hands to control the video camera and surgical tools. If you’re having a robotic-assisted laparoscopic surgery, your surgeon will use a robot to control the camera and tools.

Your surgeon will remove your ovaries through one of the small incisions, if possible. If your ovaries are too big to fit through the opening, your surgeon will make one of the incisions larger so your ovaries will fit through.

Dilation and curettage (D&C)

You may have a dilation and curettage (D&C) after your salpingo-oophorectomy. This procedure lets your surgeon check for abnormal cells in your uterus.

During your D&C, your cervix will be dilated (opened) slightly. Your surgeon will put a tool called a curette through your cervix into your uterus. They’ll use the curette to remove a small amount of tissue from the inside of your uterus.

Your surgeon may also want to look at the tissue lining the inside of your uterus to see if anything looks abnormal. This is called a hysteroscopy. During a hysteroscopy, your surgeon will put a long, thin video camera through your cervix into your uterus to examine the area.
Before Your Surgery

The information in this section will help you get ready for your surgery. Read this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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Getting ready for your surgery

You and your healthcare team will work together to get ready for your surgery.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren’t sure.

☐ I take a blood thinner, such as:
  ☐ Aspirin
  ☐ Heparin
  ☐ Warfarin (Jantoven® or Coumadin®)
  ☐ Clopidogrel (Plavix®)
  ☐ Enoxaparin (Lovenox®)
  ☐ Dabigatran (Pradaxa®)
  ☐ Apixaban (Eliquis®)
  ☐ Rivaroxaban (Xarelto®)

There are others, so be sure your healthcare provider knows all the medications you’re taking.

☐ I take prescription medications (medications my healthcare provider prescribes), including patches and creams.

☐ I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

☐ I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.

☐ I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

☐ I have sleep apnea.

☐ I’ve had a problem with anesthesia (medication to make me sleep during surgery) in the past.

☐ I’m allergic to certain medication(s) or materials, including latex.

☐ I’m not willing to receive a blood transfusion.

☐ I drink alcohol.

☐ I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).

☐ I use recreational drugs.

About drinking alcohol

The amount of alcohol you drink can affect you during and after your surgery. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

• If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.

• If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.
Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can’t stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all your medical information will be kept confidential.

**About smoking**

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. If you smoke, your healthcare provider will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

**About sleep apnea**

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

**Using MyMSK**

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor’s office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering’s Patient Portal* (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
Within 30 days of your surgery

Presurgical Testing (PST)
Before your surgery, you’ll have an appointment for presurgical testing (PST). The date, time, and location will be printed on the appointment reminder from your surgeon’s office. You can eat and take your usual medications the day of your appointment.

During your PST appointment, you’ll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It’s helpful to bring the following things to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your healthcare provider(s).

Identify your caregiver

Your caregiver plays an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you’re discharged from the hospital. They’ll also help you care for yourself at home.

For caregivers
Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit www.mskcc.org/caregivers or read A Guide for Caregivers. You can find it online at www.mskcc.org/pe/guide_caregivers or ask your healthcare provider for a copy.
**Complete a Health Care Proxy form**

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. If you’ve already completed one or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can’t communicate for yourself. The person you identify is called your health care agent.

Talk with your healthcare provider if you’d like to complete a health care proxy. You can also read the resources *Advance Care Planning* and *How to Be a Health Care Agent* for information about health care proxies, other advance directives, and being a health care agent. You can find them online at www.mskcc.org/pe/advance_care_planning and www.mskcc.org/pe/health_care_agent or ask your healthcare provider for a copy.

**Do breathing and coughing exercises**

Practice taking deep breaths and coughing before your surgery. Your healthcare provider will give you an incentive spirometer to help expand your lungs. For more information, read the resource *How to Use Your Incentive Spirometer*. You can find it in the “Educational Resources” section of this guide.

**Exercise**

Try to do aerobic exercise every day. Aerobic exercise is any exercise that makes your heart beat faster, such as walking, swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

**Follow a healthy diet**

Follow a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your healthcare provider about meeting with a clinical dietitian nutritionist.

**Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser (such as Hibiclens®)**

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.
7 days before your surgery

Follow your healthcare provider’s instructions for taking aspirin

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless they tell you to.** For more information, read the resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*. You can find it in the “Educational Resources” section of this guide.

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read the resource *Herbal Remedies and Cancer Treatment*. You can find it in the “Educational Resources” section of this guide.

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil® or Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read the resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*. You can find it in the “Educational Resources” section of this guide.

1 day before your surgery

Note the time of your surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. They’ll also remind you where to go.
**Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)**

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Instructions for eating before your surgery**

*Do not eat anything after midnight the night before your surgery.* This includes hard candy and gum.

**The morning of your surgery**

**Instructions for drinking before your surgery**

You can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.

*Do not drink anything starting 2 hours before your scheduled arrival time.* This includes water.
**Take your medications as instructed**

If your healthcare provider told you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take, this may be all, some, or none of your usual morning medications.

**Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)**

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Things to remember**

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuable items at home.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.

**What to bring**

- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.
Once you’re in the hospital

You’ll be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.

When it’s time to change for surgery, you’ll get a hospital gown, robe, and nonskid socks to wear.

Meet with a nurse

You’ll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it in the operating room.

Meet with an anesthesiologist

You’ll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you’ll get.
- Answer your questions about your anesthesia.

Your doctor or anesthesiologist may also talk with you about placing an epidural catheter (thin, flexible tube) in your spine (back). An epidural catheter is another way to give you pain medication after your surgery.

Get ready for your surgery

When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

You’ll either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you’ll fall asleep. You’ll also get fluids through your IV line during and after your surgery.
**During your surgery**

After you're fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incision will be closed with staples or sutures (stitches). You may also have Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.

Your breathing tube is usually taken out while you're still in the operating room.

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After Your Surgery

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You’ll learn how to safely recover from your surgery.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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In the Post-Anesthesia Care Unit (PACU) or recovery room

When you wake up after your surgery, you’ll be in the PACU or your recovery room. A nurse will be keeping track of your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’ll also have compression boots on your lower legs.

Depending on the type of surgery you had, you may stay in the PACU overnight. After your stay in the PACU, a staff member will take you to your hospital room. Soon after you arrive in your room, a staff member will help you out of bed and into a chair.

Your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- You’ll be encouraged to walk with the help of your nurse or physical therapist. We’ll give you medication to relieve pain. Walking helps lower your risk for blood clots and pneumonia. It also helps stimulate your bowels so they start working again.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*. You can find it in the “Educational Resources” section of this guide.

Commonly asked questions: During your hospital stay

**Will I have pain after my surgery?**

You may have some pain after your surgery, especially in the first few days. Your healthcare providers will ask you about your pain often and give you medication to manage your pain as needed. If your pain isn’t any better, tell one of your healthcare providers. It’s important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

**What side effects can I expect after my surgery?**

It’s common to have some discomfort in your abdomen and shoulders after surgery. This is from the air that was pumped into your abdomen during surgery. Your discomfort should go away after a few days. Walking around can help with this. You should also drink 8 (8-ounce) glasses (2 liters) of liquids a day and make sure to take the stool softeners you received to prevent constipation.
You may also have normal symptoms of menopause, such as night sweats, hot flashes, and vaginal dryness. Talk with your healthcare provider about ways to manage these symptoms.

**What side effects can I expect after my D&C?**
If you also had a D&C, you may have some vaginal spotting or light bleeding. Wear a pad or panty liner. Don’t use tampons or place anything in your vagina until your healthcare provider says it’s OK. Don’t have sexual intercourse (sex) until your healthcare provider says it’s OK. If you’re having heavy bleeding, such as bleeding through a pad every 1 to 2 hours, call your healthcare provider right away.

**Will I be able to eat?**
Yes, you’ll be able to eat a regular diet as tolerated. Start with foods that are soft and easy to digest, such as apple sauce and chicken noodle soup. Eat small meals frequently, then advance to regular foods.

If you have bloating, gas, or cramps, limit high-fiber foods such as whole grain breads and cereal, nuts, seeds, salads, fresh fruit, broccoli, cabbage, and cauliflower.

**Commonly asked questions: At home**

**What’s the Recovery Tracker?**
We want to know how you’re feeling after you leave the hospital. To help us continue caring for you, we’ll send a group of questions to your MyMSK account every day for 10 days after you leave the hospital. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you’re feeling and what you need.

Based on your answers, we may reach out to you or ask you to call your surgeon’s office to give us more information. You can always contact your surgeon’s office if you have any questions. For more information, read *About Your Recovery Tracker*. You can find it online at www.mskcc.org/pe/recovery_tracker or ask your healthcare provider for a copy.

**Will I have pain when I am home?**
People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication.

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn’t ease your pain.
• Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.

• As your incision heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
  o Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  o Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  o Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.

• Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It’s normal for your pain to increase a little as you start to be more active.

• Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

**How can I prevent constipation?**

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow the guidelines below.

• Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, don’t put it off.

• Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That’s when the reflexes in your colon are strongest.

• Exercise, if you can. Walking is an excellent form of exercise.

• Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can.
  o Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes.
  o Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
Slowly increase the fiber in your diet to 25 to 35 grams per day. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet. Foods high in fiber include:

- Bran
- Whole-grain cereals and breads
- Unpeeled fruits and vegetables
- Mixed green salads
- Apricots, figs, and raisins

Both over-the-counter and prescription medications are available to treat constipation. Check with your healthcare provider before taking any medications for constipation, especially if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medications for constipation include:

- Docusate sodium (Colace®). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Don’t take it with mineral oil.
- Polyethylene glycol (MiraLAX®). This is a laxative (medication that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you’re already constipated.
- Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It’s best to take it at bedtime. Only take it if you’re already constipated.

If any of these medications cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if needed.

For more information, read the resource *Constipation*. You can find it online at www.mskcc.org/pe/constipation or ask your healthcare provider for a copy.

**Can I shower?**

You can shower 24 hours after your surgery. Taking a warm shower is relaxing and can help decrease muscle aches. If you have a square white bandage (Primapore® bandage) over your incision, take it off when you shower.

When you shower, use soap to gently wash your incision. Pat the areas dry with a towel after showering. Leave your incision uncovered unless there’s drainage. If you have drainage, place a new bandage over your incision. Call your healthcare provider if you see any redness or drainage from your incision.

Don’t take tub baths until you discuss it with your healthcare provider at your first appointment after surgery.
**How do I care for my incisions?**

You’ll have several small incisions on your abdomen. The incisions will be closed with Steri-Strips or Dermabond. You may also have square white Primapore bandages on your incisions. You can remove these in the shower 24 hours after your surgery. You should clean your incisions with soap and water.

If any fluid is draining from your incisions, write down the amount and color. Call your healthcare provider’s office and tell the nurse about any drainage from your incision.

If you go home with Steri-Strips on your incisions, they’ll loosen and fall off by themselves. If you go home with Dermabond on your incision, it will also loosen and peel off by itself. If the Steri-Strips and Dermabond haven’t fallen off within 10 days, you can remove them.

**When can I resume sexual activity?**

Your healthcare provider will tell you when you can resume sexual activity during your first follow-up visit after surgery. Don’t put anything in your vagina or have vaginal sex until your healthcare provider says it’s OK.

**When is it safe for me to drive?**

You can start driving again 2 weeks after surgery, as long as you aren’t taking pain medication that may make you drowsy.

**What exercises can I do?**

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.

Ask your healthcare provider before starting more demanding exercises.

**Will I be able to travel?**

Yes, you can travel. If you’re traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.
**When can I return to work?**
The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people can return to work about 2 to 4 weeks after the surgery.

**When can I lift heavy objects?**
Ask your healthcare provider when it’s safe for you to lift heavy objects after your surgery. Normally, you shouldn’t lift anything heavier than 5 to 10 pounds (2.3 to 4.5 kilograms) for at least 4 weeks after your surgery.

**When is my first appointment after my surgery?**
Your first appointment after surgery will be in 2 to 4 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

**How can I cope with my feelings?**
After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It’s always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you’re in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

You may also find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, you’re able to speak with former patients and caregivers. For more information, call 212-639-5007.
When to call your healthcare provider

Call your healthcare provider if:

- You have a fever of 100.5 °F (38 °C) or higher.
- You have shortness of breath.
- You have pain that doesn’t get better with pain medication.
- The area around your incision is getting more red.
- The area around your incision is starting to swell or the swelling around your incision is getting worse.
- You have discharge from your incision.
- You have heavy vaginal bleeding.
- Your calves or thighs are swollen or tender.
- You cough up blood.
- You don’t have a bowel movement for 2 days.
- You have nausea or vomiting.
- You have diarrhea (loose or watery bowel movements).
- You have any questions or concerns.

Contact information

Monday through Friday from 9:00 AM to 5:00 PM, call your healthcare provider’s office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
Support Services

This section has a list of support services that may help you get ready for your surgery and recover safely.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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MSK support services

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia
212-639-6840
Call if you have questions about anesthesia.

Blood Donor Room
212-639-7643
Call for more information if you’re interested in donating blood or platelets.

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you’re an international patient, call for help arranging your care.

Chaplaincy Service
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Female Sexual Medicine and Women’s Health Program
646-888-5076
Cancer and cancer treatments can have an impact on your sexual health. Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information or to make an appointment, call the number above.

Food Pantry Program
646-888-8055
The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.
Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org

Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment similar to yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office
212-639-7202
Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have questions about MSK releasing any information while you’re having surgery.

Private Duty Nursing Office
212-639-6892
You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including
seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

**Social Work**  
212-639-7020  
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.

**Tobacco Treatment Program**  
212-610-0507  
If you want to quit smoking, MSK has specialists who can help. Call for more information.

**Virtual Programs**  
www.mskcc.org/vp  
MSK’s Virtual Programs offer online education and support for patients and caregivers, even when you can’t come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you’re interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the Cancer Types section of www.mskcc.org

**External support services**  
There are many other support services available to help you before, during, and after your cancer treatment. Some offer support groups and information, while others can help with transportation, lodging, and treatment costs.

Visit www.mskcc.org/pe/external_support_services for a list of these support services. You can also talk with an MSK social worker by calling 212-639-7020.
Educational Resources

This section has the educational resources mentioned in this guide. These resources will help you get ready for your surgery and recover safely after surgery.

As you read through these resources, you can use space below to write down any questions you want to ask your healthcare provider.

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PATIENT & CAREGIVER EDUCATION

Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

This information will help you identify medications that contain aspirin, other NSAIDs, or vitamin E. It’s important to stop taking these medications before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can increase your risk of bleeding during treatment.

Other dietary supplements (such as other vitamins and herbal remedies) can also affect your cancer treatment. For more information, read the resource Herbal Remedies and Cancer Treatment (www.mskcc.org/pe/herbal_remedies).

Instructions Before Your Cancer Treatment

If you take aspirin, other NSAIDs, or vitamin E, tell your healthcare provider. They’ll tell you if you need to stop taking it. You’ll also find instructions in the information about your treatment. Read the “Examples of Medications” section to see if your medications contain aspirin, other NSAIDs, or vitamin E.

Before your surgery

Follow these instructions if you’re having surgery or a surgical procedure. If your healthcare provider gives you other instructions, follow those instead.

- If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless your
healthcare provider tells you to.

- If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

Follow these instructions if you’re having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medication that contains aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medication that contains an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider’s instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you’re just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, or vitamin E.

Examples of Medications

Medications are often called by their brand name. This can make it hard to know their ingredients. The lists below can help you identify medications that contain aspirin, other NSAIDs, or vitamin E.

These lists include the most common products, but there are others. **Make sure your healthcare provider always knows all the prescription and over-**
the-counter (not prescription) medications you’re taking, including patches and creams.

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
<th></th>
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<tbody>
<tr>
<td>Aggrenox®</td>
<td>Cama® Arthritis Pain Reliever</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
<td>COPE®</td>
</tr>
<tr>
<td>Anacin®</td>
<td>Dasin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>Easprin®</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
<td>Ecotrin® (most formulations)</td>
</tr>
<tr>
<td>ASA Enseals®</td>
<td>Empirin® Aspirin (most formulations)</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
<td>Emporionate®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
<td>Equagesic Tablets</td>
</tr>
<tr>
<td>Aspergum®</td>
<td>Equazaine®</td>
</tr>
<tr>
<td>Asprimox®</td>
<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
</tr>
<tr>
<td>Axotal®</td>
<td>Excedrin® Migraine</td>
</tr>
<tr>
<td>Azdone®</td>
<td>Fiorgen®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
<td>Fiorinal® (most formulations)</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
<td>Fiortal®</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
<td>Gelpirin®</td>
</tr>
<tr>
<td>Buffets II®</td>
<td>Genprin®</td>
</tr>
<tr>
<td>Buffex®</td>
<td>Gensan®</td>
</tr>
<tr>
<td>Heartline®</td>
<td>Headrin®</td>
</tr>
<tr>
<td>Isolly®</td>
<td>Lanorinal®</td>
</tr>
<tr>
<td>Robaxisal® Tablets</td>
<td>Lortab® ASA Tablets</td>
</tr>
<tr>
<td>Roxiprin®</td>
<td>Magnaprin®</td>
</tr>
<tr>
<td>Saleto®</td>
<td>Marnal®</td>
</tr>
<tr>
<td>Sodol®</td>
<td>St. Joseph® Adult Chewable Aspirin</td>
</tr>
<tr>
<td>Soma® Compound Tablets</td>
<td>Soma® Compound with Codeine Tablets</td>
</tr>
<tr>
<td>Synalgos®-DC Capsules</td>
<td>Synalgos®-DC Capsules</td>
</tr>
<tr>
<td>Tenol-Plus®</td>
<td>Trigesic®</td>
</tr>
<tr>
<td>Vanquish® Analgesic Caplets</td>
<td>Orphengesic®</td>
</tr>
<tr>
<td>Vanquish® Analgesic Caplets</td>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>Zee-Seltzer®</td>
<td>ZORprin®</td>
</tr>
</tbody>
</table>
### Common NSAID Medications That Don’t Contain Aspirin

<table>
<thead>
<tr>
<th>Advil®</th>
<th>Duexis®</th>
<th>Mefenamic Acid</th>
<th>PediaCare Fever®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil Migraine®</td>
<td>Etodolac®</td>
<td>Meloxicam</td>
<td>Piroxicam</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Feldene®</td>
<td>Menadol®</td>
<td>Ponstel®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Fenoprofen</td>
<td>Midol®</td>
<td>Relafen®</td>
</tr>
<tr>
<td>Ansaid®</td>
<td>Flurbiprofen</td>
<td>Mobic®</td>
<td>Saleto 200®</td>
</tr>
<tr>
<td>Arthrotec®</td>
<td>Genpril®</td>
<td>Motrin®</td>
<td>Sulindac</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
<td>Ibuprofen</td>
<td>Nabumetone</td>
<td>Toradol®</td>
</tr>
<tr>
<td>Celebrex®</td>
<td>Indomethacin</td>
<td>Nalfon®</td>
<td>Treximet®</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>Indocin®</td>
<td>Naproxen</td>
<td>Vicoprofen®</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
<td>Ketoprofen</td>
<td>Naprosyn®</td>
<td>Vimovo®</td>
</tr>
<tr>
<td>Clinoril®</td>
<td>Ketorolac</td>
<td>Nuprin®</td>
<td>Voltaren®</td>
</tr>
<tr>
<td>Daypro®</td>
<td>Lodine®</td>
<td>Orudis®</td>
<td></td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Meclofenamate</td>
<td>Oxaprozin</td>
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</table>

### Products Containing Vitamin E

<table>
<thead>
<tr>
<th>Amino-Opt-E</th>
<th>Aquavit</th>
<th>E-400 IU</th>
<th>E complex-600</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aquasol E</td>
<td>D’alpha E</td>
<td>E-1000 IU Softgels</td>
<td>Vita-Plus E</td>
</tr>
</tbody>
</table>

Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

## About Acetaminophen

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn’t affect platelets, so it won’t increase your chance of bleeding. But, talk with your healthcare provider before taking acetaminophen if you’re getting chemotherapy.
Medications Containing Acetaminophen

<table>
<thead>
<tr>
<th>Acephy®</th>
<th>Esgic®</th>
<th>Percocet®</th>
<th>Vanquish®</th>
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</thead>
<tbody>
<tr>
<td>Aceta® with Codeine</td>
<td>Excedrin P.M.®</td>
<td>Primlev®</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Fiorcet®</td>
<td>Repan®</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Lorcs®</td>
<td>Roxia®</td>
<td>Xartemis XR®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lortab®</td>
<td>Talacen®</td>
<td>Xodol®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
<td>Tempra®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Di-Gesic®</td>
<td>Norco®</td>
<td>Tylenol®</td>
<td></td>
</tr>
<tr>
<td>Endocet®</td>
<td>Panadol®</td>
<td>Tylenol® with Codeine No. 3</td>
<td></td>
</tr>
</tbody>
</table>

**Read the labels on all your medications**

Acetaminophen is safe when used as directed. But, there’s a limit to how much you can take in a day. It’s possible to take too much without knowing because it’s in many different prescription and over-the-counter medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

The full name acetaminophen isn’t always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
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<tbody>
<tr>
<td>APAP</td>
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<tr>
<td>Acetamin</td>
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</table>

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.
Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your cancer treatment.

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical (plant-based) home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

These are some commonly used herbs and their side effects on cancer treatments.

Echinacea
• Can cause an allergic reaction, such as a rash or trouble breathing.
• Can lower the effects of medications used to weaken the immune system.

**Garlic**

• Can lower your blood pressure, fat, and cholesterol levels.
• Can increase your risk of bleeding.

**Gingko (also known as *Gingko biloba*)**

• Can increase your risk of bleeding.

**Ginseng**

• Can lower the effects of sedation or anesthesia.
• Can increase your risk of bleeding.
• Can lower your blood glucose (sugar) level.

**Turmeric**

• Can make chemotherapy less effective.

**St. John’s Wort**

• Can interact with medications given during surgery.
• Can make your skin more sensitive to radiation or laser treatment.

**Valerian**

• Can increase the effects of sedation or anesthesia.

**Herbal formulas**

• Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.
This information doesn’t cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.
How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

![Incentive Spirometer Diagram]

Figure 1. Incentive Spirometer
Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

If you have an active respiratory infection (such as pneumonia, bronchitis, or COVID-19) do not use the device when other people are around.

**How To Use Your Incentive Spirometer**

Here is a video demonstrating how to use your incentive spirometer:

[Please visit www.mskcc.org/pe/incentive_spirometer_video to watch this video.](#)

**Setting up your incentive spirometer**

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

**Using your incentive spirometer**

When you’re using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, the incentive spirometer won’t work properly. You can hold your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
   - If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you’re using the incentive spirometer. This will help decrease pain at your incision.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly
breathe out (exhale) completely.

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).

4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
   - If the indicator doesn’t stay between the arrows, you’re breathing either too fast or too slow.

5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you’re holding your breath, the piston will slowly fall to the base of the spirometer.

6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.

7. Repeat 10 times. Try to get the piston to the same level with each breath.

8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.

9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you’re awake.

Cover the mouthpiece of the incentive spirometer when you aren’t using it.

If you have any questions, contact a member of your healthcare team directly. If you’re a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.